42A808 (10-04)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

## Authorization to Submit Employees Annual Wage and Tax Statements Via Kentucky Department of Revenue Web Site

1.	Name, address and Kentucky withholding tax account number of person, organization or firm requesting Web filing.	
	Business Name	FEIN*
	Street Address	City/State/ZIP
2.	Name, title and telephone number of contact person	
	Contact Name	Phone Number
	Title E-ma	il Address**
3.	Estimated number of wage and tax statements to be reported	
4.	Identification of the type of equipment:	
	Operating System	Internet Browser
	Does your office have a Firewall? ☐ Yes ☐ No	
	Signature of Person Completing Authorization	Date

Please submit the request to:

Kentucky Department of Revenue Withholding Tax Branch P.O. Box 181, Station 57 Frankfort, KY 40602-0181

## www.revenue.ky.gov

\*If more than one FEIN is involved, please use the FEIN of the submitting/transmitting entity.

Please Note: It is important to get your system/network administrator involved immediately to ensure that you have the proper capabilities. Kentucky Department of Revenue provides a secure Web site, but there are often limitations in your system or network. Please work with your system/network administrator early to ensure your success!

<sup>\*\*</sup>This gives Kentucky Department of Revenue permission to confirm the status to the employer using the confidential e-mail address provided on the form.